

**DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET***Attach to Claim for Disabled Veterans' Property Tax Exemption*Household Income (Section 20504)

"Household Income" means all income received by all persons of a household while members of such household. Include only the income of persons who were members of the household during the calendar year prior to the year of this claim (if the claim is for **2005/06** tax year, the income would be from the **2004** calendar year).

The term "household" includes the claimant and all other persons, except bona fide renters, minors, or students.

|            |             |  |
|------------|-------------|--|
| NAME _____ | MOBILE HOME |  |
|            | ACCT. NO.   |  |
|            | ASSESSOR'S  |  |
|            | PARCEL NO.  |  |

**STEP B. Enter the yearly income of you and your spouse.** Complete line 1 through 17

|   |        |
|---|--------|
| 1. Wages, salaries, tips and other employee compensation .....  | 1. \$  |
| 2. Social Security, including the amounts deducted for Medi-Care premiums.....  | 2. \$  |
| 3. Railroad retirement .....  | 3. \$  |
| 4. Interest and dividends .....   | 4. \$  |
| 5. Pensions, annuities and disability retirement payments .....   | 5. \$  |
| 6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB<br>(Aid to the Blind) and ATD (Aid to Totally Disabled), TANF (Temporary Aid<br>to Needy Families), APSB (Aid to Potentially Self-Supporting Blind) ..... | 6. \$  |
| 7. Rental income (or loss) .....  | 7. \$  |
| 8. Net income (or loss) from a business .....   | 8. \$  |
| 9. Income (or loss) from the sale of capital assets .....   | 9. \$  |
| 10. Life insurance proceeds that exceeds expenses .....   | 10. \$ |
| 11. Veterans benefits received from the Veterans Administration .....   | 11. \$ |
| 12. Gifts and inheritances in excess of \$300, except between members of the<br>household .....   | 12. \$ |
| 13. Unemployment insurance benefits .....   | 13. \$ |
| 14. Workers compensation for temporary disability (not for permanent disability)  | 14. \$ |
| 15. Amounts contributed on behalf of the claimant to a tax sheltered or<br>deferred compensation plan (also a deduction), see Line 23 on back page  | 15. \$ |
| 16. Sick leave payments .....   | 16. \$ |
| 17. Nontaxable gain from the sale of a residence .....  | 17. \$ |

**STEP C. Enter the Income of Other Household Members.**

|   |        |
|---|--------|
| 18. Do not include income of minors, students, renters, your spouse and you | 18. \$ |
|---|--------|

**STEP D. Subtotal.** Enter here and on line 20 on the back.

|                                      |        |
|--------------------------------------|--------|
| 19. Subtotal. Add lines 1 through 18 | 19. \$ |
|--------------------------------------|--------|

**PLEASE CONTINUE ON THE BACK**

## DISABLED VETERANS' HOUSEHOLD INCOME WORKSHEET SIDE 2

20. TOTAL FROM LINE 19. .... 20. \$

### STEP E. Adjustment to Income. Complete lines 21 through 25 (if applicable).

Section 17072 and following sections of the Revenue and Taxation Code provide for an "adjusted gross income, which means, in the case of an individual, gross income minus the following deductions:

|  |        |
|--|--------|
| 21. Forfeited interest penalty .....   | 21. \$ |
| 22. Alimony paid .....   | 22. \$ |
| 23. Individual retirement arrangement such as Keogh (HR 10),<br>or Simplified Employee Plan (SEP) subject to certain<br>limitations. ....  | 23. \$ |
| 24. Employee business expenses .....   | 24. \$ |
| 25. Moving expenses and deductions or expenses (already<br>taken) for the production of income (or loss) reported in<br>items 7 (rental), 8 (business), and 9 (sale of capital assets)<br>included in "income" ..... | 25. \$ |

### STEP F. Adjustment to Income

26. Add lines 21 through 25 ..... 26. \$

### STEP G. Total Household Income.

27. Subtract line 26 from line 20..... 27. \$

### STEP H. Please sign and date this form. Enter your telephone number.

*I hereby declare the foregoing facts to be true and correct to the best of my knowledge. I make this statement under the penalty of perjury under the Laws of the State of California.*

SIGNATURE

DATE

DAYTIME TELEPHONE NUMBER